

Multifamily Unit Inspection

MD Department of Housing and Community Development

Division of Credit Assurance

Project Name and Address:		Project Number:
		Number of Units:
Owner Name & Address:	Resident Manager:	
	Management Agent:	
Inspector:	Unit Number:	Inspection Date:

Conditions codes:	G=Good	A=Acceptable	R=Requires action	I=Immediate action required	
	Conditions				Target completion date

Entire unit	
Smoke detectors	
Doors and lock	
Windows / screens	
Heating / air conditioner	
Ventilator / air quality	
Access to fire escape	
Free of vermin / rodents	
Other	
Hazards?	
Living room	
Walls / interior doors	
Ceilings	
Floors	
Electric fixtures / outlets	
Other	
Hazards?	
Dining area	
Walls / interior doors	
Ceilings	
Floors	
Electric fixtures / outlets	
Other	
Hazards?	
Bathrooms	
Walls / interior doors	
Ceilings	
Floors	
Electric fixtures / outlets	
Working toilet	
Lavatory (hot / cold water)	
Tub / shower	
Other	
Hazards?	
Kitchen	
Walls / interior doors	
Ceilings	
Floors	
Electric fixtures / outlets	
Stove	

Project Name and Address:	Unit Number:	Inspection Date:
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Conditions codes: **G**=Good **A**=Acceptable **R**=Requires action **I**=Immediate action required

Conditions Target completion date

Kitchen (continued)		
Refrigerator		
Sink		
Disposal / trash container		
Cabinets		
Countertops		
Other		
Hazards?		

Bedroom # () *		
Walls / Interior doors		
Ceiling		
Floors		
Electric fixtures / outlets		
Other		
Hazards?		

Room ID *		
Walls / Interior doors		
Ceiling		
Floors		
Electric fixtures / outlets		
Other		
Hazards?		

Room ID *		
Walls / Interior doors		
Ceiling		
Floors		
Electric fixtures / outlets		
Other		
Hazards?		

Room ID *		
Walls / Interior doors		
Ceiling		
Floors		
Electric fixtures / outlets		
Other		
Hazards?		

Room ID *		
Walls / Interior doors		
Ceiling		
Floors		
Electric fixtures / outlets		
Other		
Hazards?		

Comments: (Tenant maintenance; Tenant; Other)

Inspector's Signature	Date: